

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="border: 1px solid black; padding: 2px; display: inline-block;">09/692/721</div>		FILING DATE					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52		/				
3		/					53		/				
4		/					54	/					
5		/					55		/				
6		/					56		/				
7		/					57	/					
8		/					58		/				
9		/					59		/				
10		/					60	/					
11		/					61		/				
12		/					62		/				
13		/					63		/				
14		/					64	/					
15		/					65		/				
16		/					66		/				
17		/					67						
18		/					68						
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26		/					76						
27		/					77						
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29		/					79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
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37		/					87						
38	/						88						
39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44	/						94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49	/						99						
50		/					100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	57						TOTAL DEP.						
TOTAL CLAIMS	66						TOTAL CLAIMS						